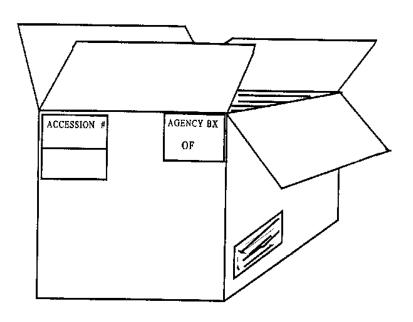
TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

RECORDS MANAGEMENT

CHAPTER 2
ADDENDUM A

FIGURES

FIGURE 2-A-1 MARKING AND PACKING INSTRUCTIONS



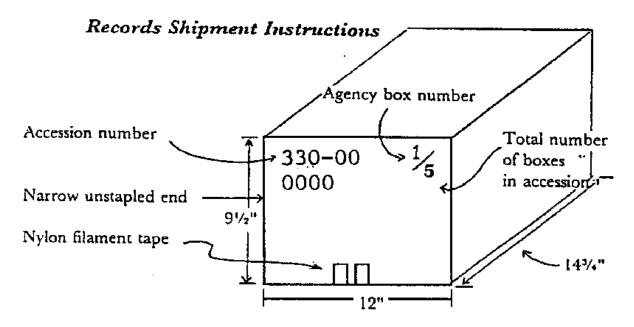


FIGURE 2-A-2 RECORDS TRANSMITTAL AND RECEIPT, SF FORM 135

| Complete the address for the records center serving your are Federal Records Center TRANSFER AUTHOR-IZATION AGENCY CONTACT TRANSFERRING AGENCY OFFICIAL (Signature and title) TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office a CONTACT) TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office a CONTACT) RECORDS RECORDS RECEIVED BY (Signature and title) | DATE | 5. FROM | | er the name and complete mailing address address.) | of the office retiring red | cords. The signed receipt of t | his form will be | sent to | |
|--|-----------------------------------|-----------|------------------|--|----------------------------|--------------------------------|------------------|---------|----------------|
| TRANSFER AUTHOR- IZATION 3. AGENCY CONTACT TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office a | | | | | | | | | |
| CONTACT | and telephone No.) | | | | | | | | |
| A DECORDS DECORDS DECENTED BY (Simples and title) | | | | | | | | | |
| CENTER RECEIPT | DATE | | | | | | | Fold | Line |
| 6. | REC | ORDS DATA | | | | | | | |
| ACCESSION NUMBER VOLUME AGENCY | SERIES DESCRIPTION | | RIC- | DISPOSAL AUTHORITY | DISPOSAL | COMPLETED BY RECORDS CENTER | | | |
| RG FY NUMBER (cu. ft.) BOX NUMBERS | (With inclusive dates of records) | i L | RESTRIC- TION | (Schedule and Item number) | DATE | LOCATION | SHELF | CONT. | AUTO. DISP. |
| (a) (b) (c) (d) (e) | (f) | | (g) | (h) | (i) | <i>(i)</i> | (k) | (1) | (m) |
| 330 | | | W | | | | | | |

(PerFORM PRO)

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FIGURES

FIGURE 2-A-2 RECORDS TRANSMITTAL AND RECEIPT, SF FORM 135 (CONTINUED)

INSTRUCTION FOR COMPLETION OF STANDARD FORM 135

FOR COMPLETION BY THE TRANSFERRING AGENCY

Items 1, 2, 3 and 5 are self-explanatory. Specific instructions for item 6 are as follows:

Col.

Accession Number. A separate accession number is required for each series of records listed on the form. A series consists of records having the same disposal authority and disposal date that are transferred together to the records center. The accession number is entered in three parts, consisting of:

- (a) The NARA record group number assigned to the records of the agency making the transfer;
- (b) The last two digits of the current fiscal year; and
- (c) The four digit sequential number obtained in advance from the records center. (Arrangements may be made with the center to have these numbers assigned by the agency records officer or other official.)
- (d) Volume. Enter the volume in cubic feet of each series of records being transferred.
- (e) Agency Box Numbers. Show the inclusive box numbers for each series of records being transferred. The agency shall number each carton sequentially as follows: 1 of 25, 2 of 25, 3 of 25, etc. (Each new series of records should begin with carton number 1.) to facilitate control of the records and future reference service, the agency also shall mark each container with the assigned accession number prior to shipment.
- (f) Series Description. Describe the records insufficient detail to allow the records center to check for proper application of the disposal schedule. Inclusive dates of the records should be indicated. Show the organizational component that created the records when it is other than that shown in item 5.
- (g) Restriction. Enter one of the following codes to show a restriction on use of the records. Restrictions other than (or in addition to) security classifications, such as limiting access certain agency officials, are to be specified by a statement in the Series Description column (f).

\$\triangle U.S. Government Printing Office: 1990-262-081/20124

| Code | Restrictions |
|--------|---|
| Q T | Q security classification |
| T | Top Secret security classification |
| S | Secret security classification |
| C | Confidential security classification |
| R | Restricted usewitnessed disposal not required |
| | (specify in column (f)) |
| W | Restricted usewitnessed disposal required |
| | (specify in column (f)) |
| N | No restrictions |
| | |

- (h) Disposal Authority. For each series of records, cite the agency schedule and specific item number authorizing disposal. Cite the NARA disposal job and item number if it has not been incorporated into an updated agency schedule.
- (i) Disposal Date. Applying the disposal authority previously cited in column (h), enter the month and year in which the records may be destroyed.

FOR COMPLETION BY THE RECORDS CENTER

Item 4 is self-explanatory. Specific instructions for item 6 are as follows:

Col.

- (j) Location. The records center annotates the shelf location of the first carton for each series of records.
- (k) Shelving Plan. The records center enters the appropriate code from Chap. 7-10e, HB, Records Center Operations (NAR P 1864.1A), to reflect the shelving system.
- (1) Container Type. The records center enters the appropriate code from Chap. 7-10h, NAR P 1864.1A, to reflect the type of container in which the records are retired.
- (m) Automatic Disposal. The records center enters either Y (yes) to indicate automatic disposal applies or N (no) indicating that the agency wishes to receive disposal concurrence notice prior to destruction of the records. Automatic disposal is applied only when previously agreed upon by the agency.

Use Standard From 135-A, Records Transmittal and Receipt Continuation, when additional space is required for listing records data.

Standard Form 135 Back (Rev. 7-85)

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FIGURE 2-A-3 RECORDS TRANSMITTAL AND RECEIPT (CONTINUATION), SF FORM 135A

| | A | RECORDS RANSMITTAI AND RECEIP Continuation | t | This form is Data when adequate. In 135 apply. | s to continue listing of Records space on SF 135 is not estructions for completion of SF | TRANSFERRING AGENCY | 'S NAME | Ξ | DATE | | PAGE | | OF P | AGES | |
|------------------|-----|---|---------------------|---|--|---------------------|----------|------------------|----------------------|------------|---------------|---------------|----------------|---------|---|
| ACCESSION NUMBER | | | OFFICE RECORDS | DTION | טַ | | DIODOGAL | COMPLETED | ED BY RECORDS CENTER | | | | | | |
| RG | FY | NUMBER | VOLUME (cu. ft.) | AGENCY BOX NUMBERS | SERIES DESCRIP (With inclusive dates of | | | DISPOSAL DATE | LOCATION | ١ | SHELF PLAN | CONT. TYPE | AUTO. DISP. | 쿩 | |
| (a) | (b) | (c) | (d) | (e) | (f) | | (g) | (h) | (i) | <i>(i)</i> | | (k) | (1) | (m) | \widetilde{c} |
| | | | | | | | | | | | | | | INDUKES | TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002 CHAPTER 2, ADDENDUM A FIGURES |

NSN 7540-00-823-7952 Previous edition usable STANDARD FORM 135-A (Rev. 7-85) Prescribed by NARA 36 CFR 1228-152

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FIGURES

REFERENCE REQUEST - FEDERAL RECORDS CENTER, OF FORM 11 FIGURE 2-A-4

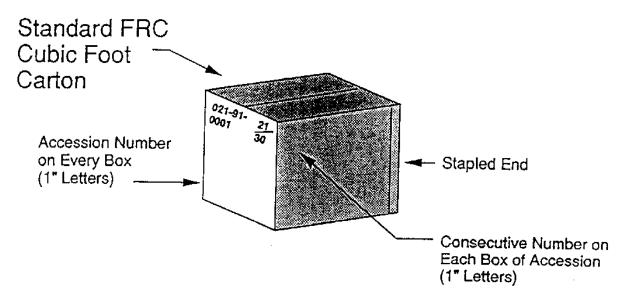
| REFERENCE REQUEST-FED | ERAL RECORDS C | ENTER | NOTE: Use a separat | e form for e | ach request. |
|---|---------------------------|----------------------|---|--------------------|-----------------------------------|
| SE | CTION I-TO BE COMPL | ETED BY REQUESTING A | AGENCY | | |
| ACCESSION NO. | | AGENCY BOX NUMBER | RECORDS CENTE | R LOCATION I | NUMBER |
| | | OF | | | |
| DESCRIPTION OF RECORD(S) OR INFORMATION F | REQUESTED | | | | |
| ВОХ | | | | | |
| FOLDER (include file number and title) | | | | | |
| REMARKS | | | | | |
| | | | | | |
| NATURE OF SERVICE FURNISH COPY OF RECORDS PERMANENT WITHDRAWAL | TEMPORARY LOAN OF RECO | . , | (-1)/ | | |
| | SECTION II-FOR US | REMARKS | H . | | |
| RECORDS NOT IN CENTER CUSTODY | RECORDS DESTROYED | | | | |
| WRONG ACCESSION NUMBER-PLEASE RECH | HECK | | | | |
| WRONG BOX NUMBER-PLEASE RECHECK | | | | | |
| WRONG CENTER LOCATION-PLEASE RECHE | CK | | | | |
| ADDITIONAL INFORMATION REQUIRED TO ID | | | | | |
| REQUESTED | | | | | |
| MISSING (Neither record(s), information nor char container(s) specified) | rge card found in | | | | |
| RECORDS PREVIOUSLY CHARGED OUT TO (I | Name, agency and date): | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | DATE | SERVICE | TIME REQUIRED | SEARCHER'S INITIALS |
| 0.5 | OTION III TO DE COMPI | ETED BY REQUESTING | ACENOV | | |
| NAME OF REQUESTER | | FTS DATE | | | |
| | | - | RECEIPT | OF RECORDS | |
| NAME AND ADDRESS OF AGENCY | | | | | |
| (Include street address, | | | Requester please sign, date and file item(s) listed above, ONLY if been checked by the Records Ce | the block to right | |
| building, room no. and ZIP code | | | SIGNATURE | | DATE |
| NSN 7540-00-682-6423 5011-108 | PREVIO | US EDITION USABLE | 0 | | RM 11 (Rev. 7-87) ARCHIVES AND |

OPTIONAL FORM 11 (Rev. 7-87) NATIONAL ARCHIVES AND RECORDS ADMINISTRATION 36 CFR 1228.162

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

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FIGURE 2-A-5 ARRANGEMENT OF BOXES ON PALLETS



Palletizing Your Records Alternate Each Layer (Maximum - 6' High)

